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05/24/2006 TLAWRENC 00000003 500417   10774538

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of   :   Customer Number: 20277

                  :

Takaharu YAMAMOTO, et al.   :   Confirmation Number: 9799

                  :

Application No.: 10/774,538   :   Group Art Unit: 2853

                  :

Filed: February 10, 2004   :   Examiner: Jason S. Uhlenhake

                  :

For: INK FEEDING RATE CONTROL METHOD AND DATA CORRECTING METHOD FOR A PRINTING MACHINE

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

      In response to the Office Action of January 20, 2006, please amend the above-identified

application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this
paper.

Remarks begin on page 6 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number: 10774538

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	All other situations = $ 250 / $ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	12 minus 20 =	
INDEPENDENT CLAIMS	4 minus 3 =	)
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	170
EXAM. FEE			EXAM. FEE	100
SEARCH FEE			SEARCH FEE	
X $ 125 =			X $ 250 =	
X $ 25 =		OR	X $ 50 =	80
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A — 5/15/06

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	12	Minus	** 26	=
Independent	3	Minus	*** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

SMALL ENTITY **OR** **OTHER THAN SMALL ENTITY**

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.